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TO: USPTO
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FAX #: 1-571-273-8300

CC:

FROM: James E. Hudson III

NUMBER OF PAGES: 3
(INCLUDING COVER PAGE)

DATE: December 9, 2005

C/M#: 09238-000011

SUBJECT: Power of Attorney

Find enclosed the following documents:

1. Transmittal Form (1 sheet) PTO/SB/21
2. Power of Attorney and Correspondence Address Indication Form (1 sheet) PTO/SB/81

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|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/663,955 |
| | Filing Date | 9/16/03 |
| | First Named Inventor | Robert H. Wohleb |
| | Art Unit | 1743 |
| | Examiner Name | Jan M. Ludlow |
| Total Number of Pages in This Submission | Attorney Docket Number | 090238-000011 |

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| ENCLOSURES (Check all that apply) | | |
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| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------------|----------|--------|
| Firm Name | Crain Caton & James | | |
| Signature | <i>James E. Hudson III</i> | | |
| Printed name | James E. Hudson III | | |
| Date | 9 December 2005 | Reg. No. | 41,081 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | <i>Kimberly A. Tobola</i> | | |
| Typed or printed name | Kimberly A. Tobola | Date | 9 December 2005 |

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Dec 09 05 01:00p Robert Wohleb

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 INDICATION FORM**

| | |
|------------------------|-----------------------------------|
| Application Number | 10/663,955 |
| Filing Date | 8/16/03 |
| First Named Inventor | Robert H. Wohleb |
| Title | Direct Vial Surface Sorbent Micro |
| Art Unit | 1743 |
| Examiner Name | Jan M. Ludlow |
| Attorney Docket Number | 080238-000011 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

30903

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Robert H. Wohleb

Telephone

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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